



Illinois Environmental Protection Agency

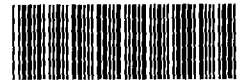
P. O. Box 19276, Springfield, IL 62794-9276

USEPA

217/782-6762

Refer to: 1190255002 -- Madison County
Edwardsville/SIU-E
RCRA Permits
Log No. A-148

US EPA RECORDS CENTER REGION 5



1002275

October 8, 1991

Southern Illinois University at Edwardsville
Attn: Dr. Antony Wilbraham
Science Building
Campus Box 1652
Edwardsville, Illinois 62026

Dear Dr. Wilbraham:

This letter is to acknowledge receipt of the Part A application dated March 23, 1987 for the above-referenced facility. Additionally:

1. Our records indicate that the Science Building has two areas which are regulated by RCRA, a 17' x 17' Container Storage Area (S01; capacity = 200 gallons) and a Treatment Area (T04) where (1) solvent distillation (2-5 gal/day), (2) metal precipitation (1-5 gal/day), (3) neutralization (1-5 gal/day), (4) evaporation (1-2 gal/day), and (5) oxidation/reduction/other special chemical treatment (0.1-0.5 gal/day) takes place.
2. Since a request for a Part B permit was not submitted by November 8, 1988, both the S01 and T04 units must undergo RCRA closure. A closure plan should be submitted to this Agency by May 8, 1992 but no later than September 24, 1992 for the Container Storage Area (S01) and the Treatment Area (T04). After final closure you will be able to continue to store your hazardous waste in containers or tanks at your facility, provided the waste is not stored there for over 90 days. Under this scenario you would be considered a generator of hazardous waste and subject to the requirements of 35 Ill. Adm. Code Part 722.

If you have any questions regarding this letter, please contact Michael A. Heaton of my staff at 217/782-6762.

Very truly yours,

Lawrence W. Eastep

Lawrence W. Eastep, P.E., Manager
Permit Section
Division of Land Pollution Control

LWE:MAH:3095q/7

cc: Division File
USEPA Region V -- George Hamper
Michael A. Heaton
Collinsville Region
Jane Radcliff, USEPA, Region V



217/782-6761

Refer to: 1190255002 -- Madison County
SIU-Edwardsville, Science Building
ILD006331342
Compliance File

March 12, 1991

Southern Illinois University
Attn: Earl E. Lazerson-President
Post Office Box 1151
Edwardsville, Illinois 62026

Dear Mr. Lazerson:

The Agency is in receipt of your Part A application in response to our February 19, 1987 Pre-Enforcement Conference Letter. Your response(s) has been reviewed and the apparent violation(s) of Section(s) 703.150(a) is now considered resolved.

If you have any questions, please contact Mike Grant at 618/346-5120.

Sincerely,

Brian S. White, Manager
Compliance Unit
Planning and Reporting Section
Division of Land Pollution Control


BSW:MG:DV:dks/619q, 7

cc: Division File
Collinsville Region
Mike Grant
Bruce Carlson
Deanne Virgin
USEPA, Region V

ILD 006331342

Form Approved OMB No. 158-R0175

FORM 1
GENERAL



ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

II. POLLUTANT CHARACTERISTICS

III. NAME OF FACILITY

IV. FACILITY CONTACT

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

I. EPA I.D. NUMBER

II. POLLUTANT CHARACTERISTICS

III. NAME OF FACILITY

IV. FACILITY CONTACT

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

APR 08 1987

U.S. EPA, REGION V
SWB - PMS

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

SPECIFIC QUESTIONS		MARK 'X'		
	YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X		
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X		
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		

III. NAME OF FACILITY

1 SKIP Southern Illinois University Science Bldg

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 Jason Emil	Acting Coordinator	618	692 2042

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3 Campus Box	1652	Edwardsville	IL	62026	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE
5 Route	157	Madison				

RECEIVED

APR 7 1987

SOLID WASTE BRANCH

U.S. EPA, REGION V

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	(specify)		C	7	(specify)	
13	14	15	16	13	14	15	16
C. THIRD				D. FOURTH			
C	7	(specify)		C	7	(specify)	
13	14	15	16	13	14	15	16

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
C	8 S O U T H E R N I L L I N O I S U N I V E R S I T Y E D W A R D S V I L L E	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
13	14	58	66
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)		C A 6 1 8 6 9 2 2 0 4 2	
S (specify)		15 16 17 18 19 20 21 22 23	
E. STREET OR P.O. BOX		F. CITY OR TOWN	
Route 157		B E d w a r d s v i l l e	
24		40	
G. STATE		H. ZIP CODE	
I L		6 2 0 2 6	
41 42		47 48 49 50 51	
IX. INDIAN LAND		Is the facility located on Indian lands?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		52	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	9 N I L 0 0 4 6 7 6 1	C	9 P N o n e
13	14 15 16 17 18	13	14 15 16 17 18
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	9 U N o n e	C	9 N o n e (specify)
13	14 15 16 17 18	13	14 15 16 17 18
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	9 R N o n e	C	9 N o n e (specify)
13	14 15 16 17 18	13	14 15 16 17 18

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Educational Institution: Southern Illinois University at Edwardsville

XIII. CERTIFICATION (see Instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Emil F. Jason Acting Coordinator		<i>Emil Jason</i>		3/23/84	
COMMENTS FOR OFFICIAL USE ONLY					
C					
13	14				

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

1 RCRA	EPA	ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	EPA I.D. NUMBER	
			158-00633/342-228880449	1

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
23	14	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☒ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	4	07

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
8	4	07

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	S
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C		DUP		T/A C		1			
1 12		12 18 118							
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	200	G		7				
2	T 0 4	Other 10	U		8				
3					9				
4									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Distillation for solvent reclamation - 2-5 gal/day
 Precipitation of metals from aqueous solution - 1-5 gal/day
 Neutralization of corrosives - 1-5 gal/day
 Evaporation (water) to reduce volume - 1-2 gal/day
 Oxidation/reduction and other specialized chemical methods following known procedures to convert certain hazardous material into non-hazardous material as needed - 0.1 gal - 0.5 gal/day

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE CODE
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

W Z O J Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

ILD 006 331382

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
WASTE NO. 1													WASTE NO. 2												
DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES												
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))						
	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35		
1	D	0	0	1						P	S	0	1	T	0	4									
2	D	0	0	2						P	S	0	1	T	0	4									
3	D	0	0	3						P	S	0	1	T	0	4									
4	D	0	0	0						P	S	0	1	T	0	4									
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26																									

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

[Handwritten signature]

EPA I.D. NO. (enter from page 1)											
F	1	1	0	0	2	5	5	0	0	2	
											6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)												LONGITUDE (degrees, minutes, & seconds)											
See maps of Form 1												See maps of Form 1											

VIII. FACILITY OWNER

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER**2. PHONE NO. (area code & no.)**

E	Southern Illinois University at Edwardsville												6	1	8	-	6	9	2	-	2	0	4	2
---	----------------------------------------------	--	--	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---	---	---	---	---	---

3. STREET OR P.O. BOX**4. CITY OR TOWN****5. ST.****6. ZIP CODE**

F	Route 157												G	Edwardsville												I	L		6	2	0	2	6
---	-----------	--	--	--	--	--	--	--	--	--	--	--	---	--------------	--	--	--	--	--	--	--	--	--	--	--	---	---	--	---	---	---	---	---

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)**B. SIGNATURE****C. DATE SIGNED**

Emil F. Jason

Emil Jason

3/23/87

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)**B. SIGNATURE****C. DATE SIGNED**

Emil F. Jason

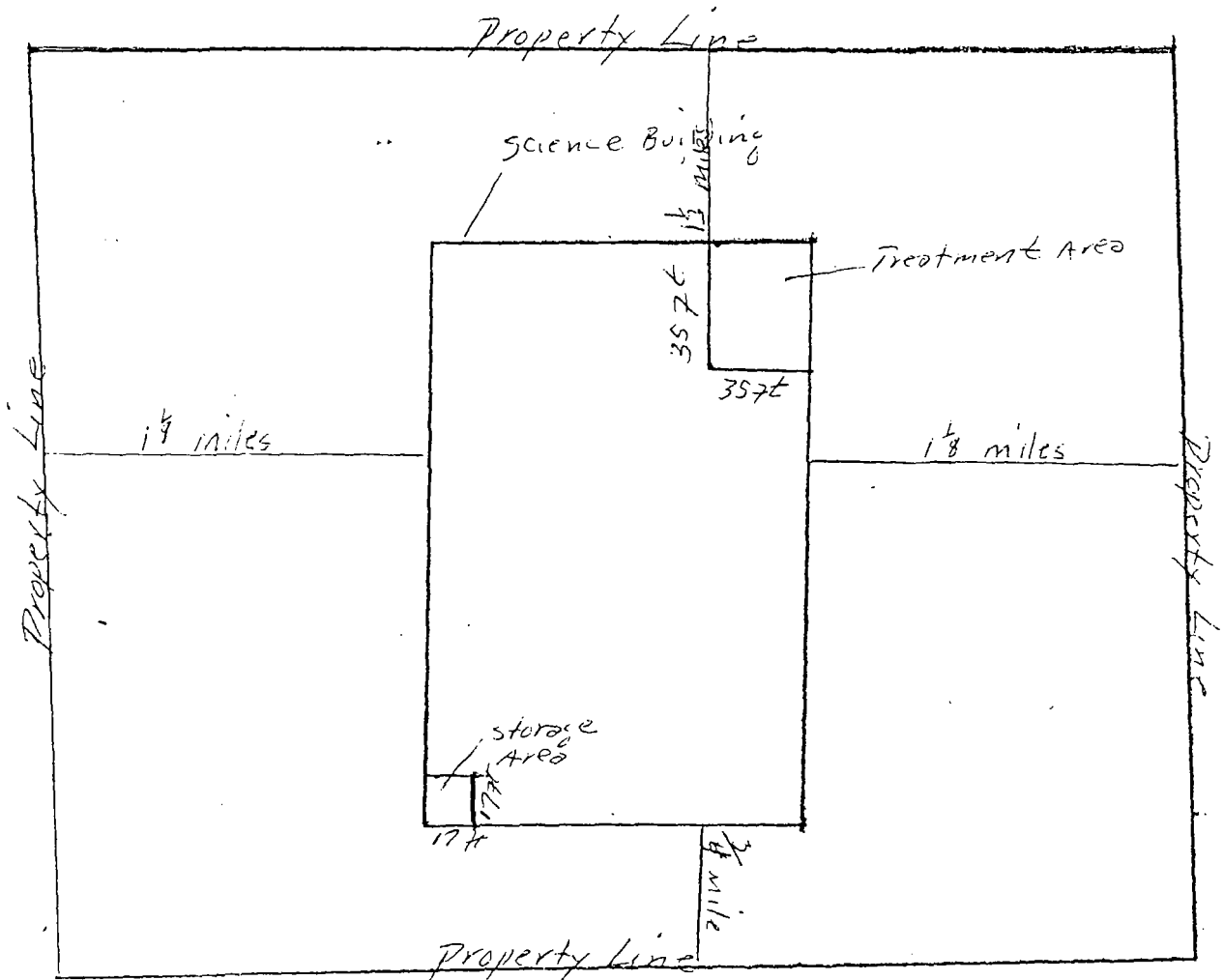
Emil Jason

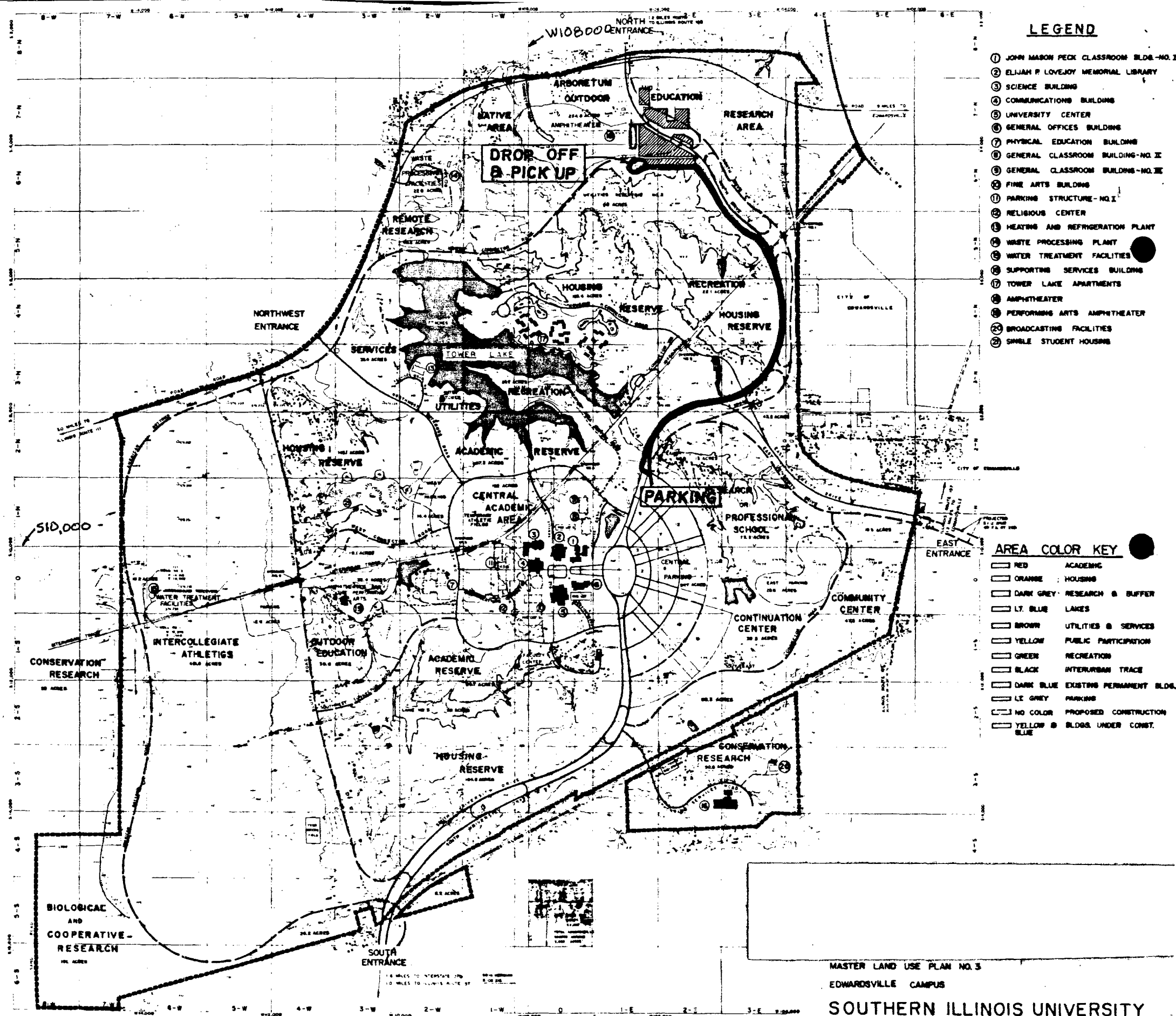
3/23/87

Continued from page 4.

FACILITY DRAWING (see page 4)

Facility drawing:





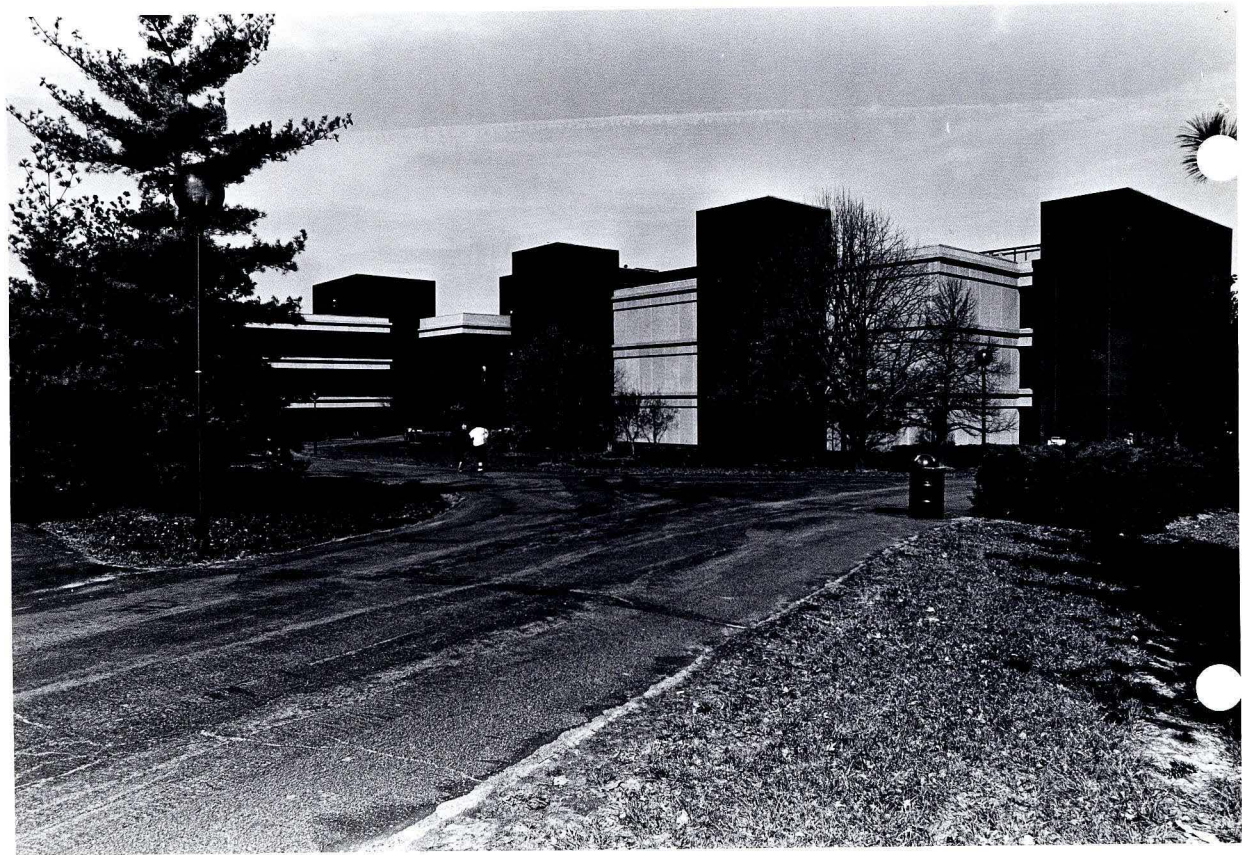
NOTE THIS MASTER LAND USE PLAN BASED
 ON MASTER PLAN NO. 1 DATED 5/10/50
 AND MASTER PLAN NO. 2 DATED 5/10/50

MASTER LAND USE PLAN NO. 3
 EDWARDSVILLE CAMPUS

SOUTHERN ILLINOIS UNIVERSITY
 EDWARDSVILLE, ILLINOIS

UNIVERSITY ARCHITECT

PRESENTED TO THE BOARD OF TRUSTEES JUNE 20, 1960

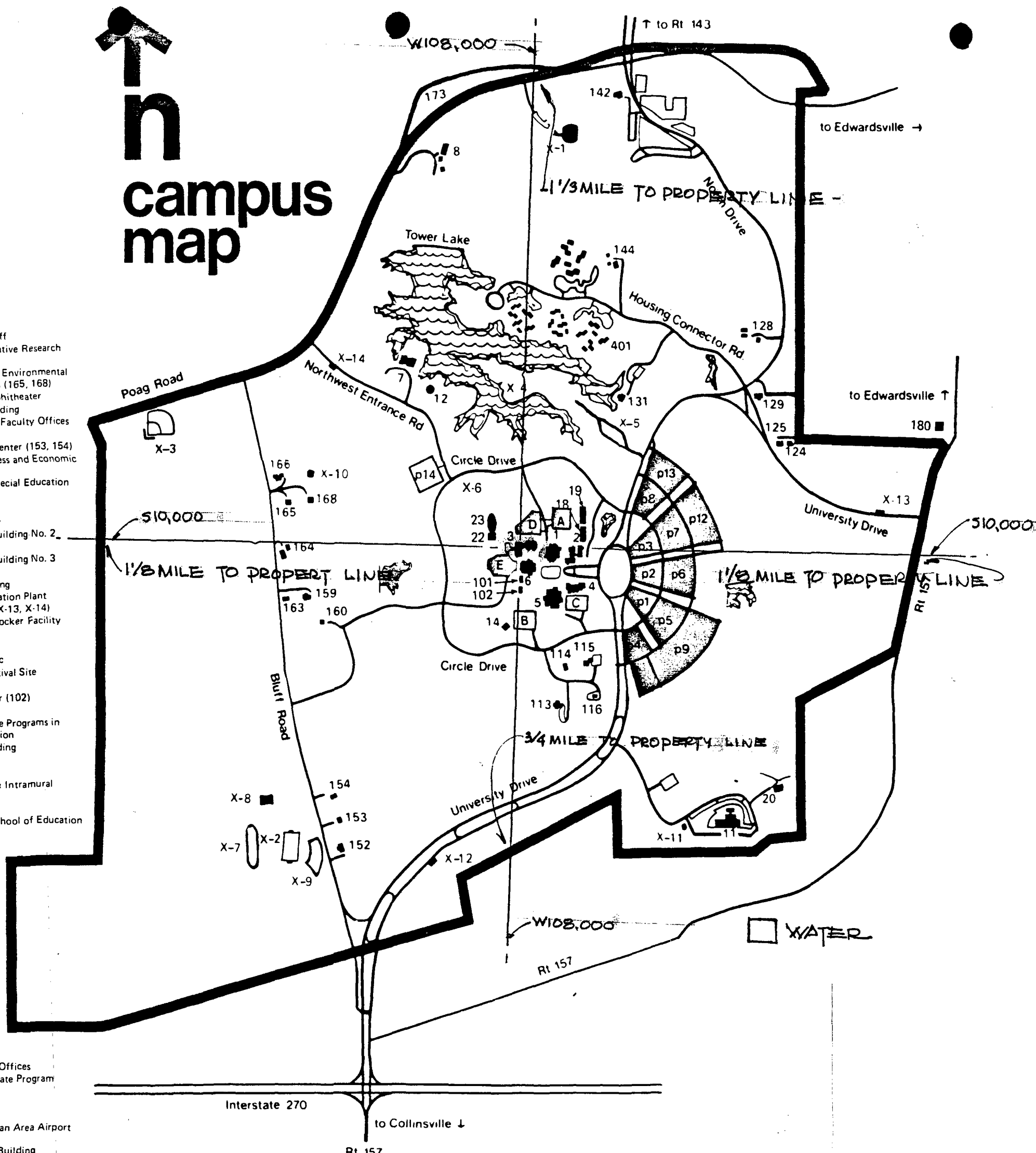


index

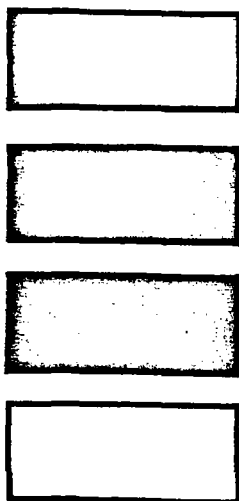
- 23 Air Structure
- 131 Alumni Services
- 116 Archaeological Lab
- X-3 Baseball Field
- 131 Board of Trustees Staff
- 159 Center for Administrative Research and Education
- 166 Center for Urban and Environmental Research and Services (165, 168)
- X-1 Commencement Amphitheater
- 6 Communications Building
- 144 Counselor Education Faculty Offices
- 124 Day Care Center
- 152 Delinquency Study Center (153, 154)
- 168 Department of Business and Economic Development
- 173 Diagnostic Center, Special Education
- 113 Faculty Center
- 128 Fine Arts Faculty
- X-11 Fleet Fueling Facility
- 18 General Classroom Building No. 2

- 19 General Classroom Building No. 3
- 4 General Office Building
- 7 Heating and Refrigeration Plant
- X-12 Information Booth (X-13, X-14)
- 22 Intramural Shower Locker Facility
- 11 Legal Counsel
- 1 Lovejoy Library
- 125 Micro Teaching Clinic
- X-1 Mississippi River Festival Site
- 116 Music Faculty Voice
- 101 Music Practice Trailer (102)
- X-10 Observatory
- 159 Off Campus Graduate Programs in Business Administration
- 2 Peck Classroom Building
- 11 Personnel Office
- 163 Photographic Service
- X-6 Physical Education & Intramural Playfields
- 11 Physical Plant
- 142 Practicum Center, School of Education
- 4 President's Office

- 11 Printing Service
- 164 Psychology Faculty Offices
- 114 Public Affairs Graduate Program
- 128 Quonset Theater
- 168 Recreation Program
- 14 Religious Center
- 160 St. Louis Metropolitan Area Airport Authority
- 3 Science Laboratory Building
- 115 Security Office
- 131 Senior Vice President for Planning & Review
- X-8 Shower, Locker, and Aid Station
- 131 SIUE Foundation
- X-2 Soccer Field
- X-9 Soccer Field Parking Area
- 114 Social Sciences Faculty Offices
- 125 Special Education Center
- 128 String Development Program
- 11 Supporting Services Building
- 180 Tosovsky Center
- 401 Tower Lake Apartments (401-431)
- X-4 Tower Lake Beach
- Tower Lake Beach Parking Area
- and Field Area
- Center
- ics and Publications
- Search/Upward Bound
- nt Plant
- asting Facilities



- A Special Registered Vehicles
- B University Center--Attended Pay Lot
- C General Office Building--Metered Lot
- D Special Registered Vehicles
- E Special Registered Vehicles
- P1, P2, P3 Registered Vehicles for Faculty and Staff
- P4 to P13 Registered Vehicles for Faculty, Staff, and Students
- P14 Registered Vehicles for Faculty, Staff, and Students



- GREEN - Special Registered Vehicles
- BLUE - Registered Vehicles for Faculty and Staff
- RED - Registered Vehicles for Faculty, Staff, and Students
- NO COLOR CODE - Metered or Attended Pay Lot